

## Chapter 2-HIPAA and Medical Records

### Key Words

**ABUSE**-Misuse of money government has allocated

**AUDIT**-Review of records for accuracy

**AUTHORIZATION**-Required by patient for other than TPO, description of information to be disclosed, name of a specific person, description of purpose, expiration date, signature, statement to revoke authorization in writing.

**BUSINESS ASSOCIATE**-Covered entity agreed to follow regulations to safeguard patient's PHI

**CLEARINGHOUSE**-Transmits claim to processor

**CMS**-Centers for Medicare and Medicaid

**COMPLIANCE PLAN**-Helps to prevent fraud and abuse relating to reimbursement for services and procedures, to audit and monitor compliance with government regulations, coding and billing compliance, staff training

**COURT ORDER**-No authorization is necessary

**COVERED ENTITY**-Organization that electronically transmits information that is HIPAA protected

**DE-IDENTIFIED**-Removal of personal information

**DISCHARGE SUMMARIES**-Final visit, final diagnosis. Comparison of objective data with patient's states, whether goals were obtained, reason and date of discharge, current condition, status, final prognosis, instructions given to patient at time of discharge noting any special needs such as restrictions on activities and medications

**DOCUMENTATION RECORDS**-Systemic, logical and consistent recording of patient's health status in their medical record

**DRS**-Designated Record Set

**EDI**-Electronic Data Interchange

**E/M**-Evaluation and Management-Physician decides patient's course of treatment. Seldom includes surgery

**EMR**-Electronic Medical Record

**ENCOUNTER**-Face-to-face contact, no phone calls or e-mails

**ENCRYPTION**-Disguising an electronic message so that only recipients with correct key can read it

**FALSE CLAIMS ACT**-Provides who knew or should have known that a claim for services was false and can be held liable

**FRAUD**-Act of deception used to take advantage of another person. Intentional

**HEALTHCARE FRAUD AND ABUSE PROGRAM**-Created by HIPAA

**HIPAA**-Health Insurance Portability and Accountability Act

**HIPAA ELECTRONIC HEALTH CARE AND CODE SETS STANDARDS**-Encoding data elements, terms, concepts, diagnosis and procedures

**HIPAA PRIVACY RULE**-Regulates use and disclosure of patient's PHI, enforced by OCR

**HIPAA SECURITY RULE**-Rules for administrative, technical, physical safeguard of patient's PHI in covered entities

**HIPAA STANDARD TRANSACTION**-Electronic data sent back and forth, Name & # EX:X12-837 Healthcare claim

**INFORMED CONSENT**-Physician advises patient of plan of treatment, risks and benefits

**MALPRACTICE**-When a provider injures or harms a patient due to failure to follow standards of practice

**MEDICAL RECORDS**-Legal documents that are owned by the facility, the information belongs to the patient

**MEDICAL STANDARDS OF CARE**-Expertise reasonably expected of a medical professional

**MINIMUM NECESSARY STANDARD**-Release only the requested component not the entire medical record  
Sign-In sheets

**NATIONAL IDENTIFIERS**-Employers, health plans, patients

**NOTICE OF PRIVACY PRACTICES**-Given to patient at first encounter

**NPI**-National Provider Identifiers-Every medical entity must have one. Legacy number was UPIN

**OCR**-Office of Civil Rights enforces HIPAA Privacy Rule

**OIG**-Office of Inspector General

**PHI**-Protected Health Information-Name, address, relatives, employers, DOB, phone , fax #, e-mail, SS#, MR#, Health plan Id#, account #, License #, VIN #, Web address, fingerprints, photos

**PROGRESS REPORT**-Report showing progress and response to a treatment plan, whether plan should be continued or changed, contains comparisons of objective data with patient statements, patient current condition and prognosis, type of treatment still needed and for how long

**QUI TAM**-Whistle blowing or make accusations of suspected fraud and abuse against the government-may be paid for it

**RELATOR**-Person who makes accusations of suspected fraud and abuse

**RESEARCH REPORTS**-No authorization required

**RESPONDEAT SUPERIOR**-Physician is liable for actions of his/her employees

**S.O.A.P.**-Subjective, Objective, Assessment, Plan-documentation in a systematic logical order of medical record

**STATUTORY REPORT**-No authorization is required

**SUBPOENA**-To appear to testify

**SUBPOENA DUCES TECUM**-To appear, testify and bring specified documents or items

**TRANSACTION**-Electronic version of a business document

**TPO**-Treatment, Plan, Healthcare Operations-shared without authorizations

**WORKERS' COMPENSATION**-No release required